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Name of Person Making Nicole Barrese

Signature: *Nicole Barrese*

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14

Re Applic of	James N. Humenik
Docket No.	FIS920020186US1
Serial No.	10/605,429
Filing Date	September 30, 2003
Attorney	Rosa Suazo

**Attached: Request for Continued Examination, Amendment Transmittal Letter,
Preliminary Amendment****PLEASE DELIVER TO:**

EXAMINER: Brian R. Gordon


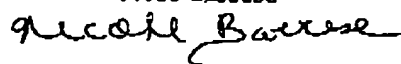
ART UNIT: 1743

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INTERNATIONAL BUSINESS
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New York 12533-6531Fax: 845-892-6363
Phone: 845-894-2580

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FIS920020186US1	
Applicant(s): James N. Humenik, et al.					
Application No. 10/605,429	Filing Date 09/30/2003	Examiner Brian R. Gordon	Customer No. 32,074	Group Art Unit 1743	Confirmation No. 2428
Invention: MICROFLUIDICS PACKAGING					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	31 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: September 19, 2006		
Rosa Suazo Registration No.: 56,753 Telephone No.: 845-892-9701 Fax No.: 845-892-6363			CERTIFICATION OF FACSIMILE TRANSMISSION: I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: Name of Person Making Transmission: Nicole Barrese Signature: 		
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